

**UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois  
Eastern Division**

In Re: )  
 )  
Lake States Commodities, Inc ) Bankruptcy Case No. 94-12123  
 ) Leading Case No.  
 )  
Debtor )

**NOTICE OF HEARING**

To: Chief Civil Division  
U.S. Attorney's Office  
219 S. Dearborn Street  
Chicago, Illinois 60604

Mr. Jeffrey P. Allsteadt, Clerk  
Attention: Financial Administrator  
219 S. Dearborn Street  
Chicago, Illinois 60604

United States Trustee  
219 South Dearborn Street, Suite 873  
Chicago, Illinois 60604

Trustee: Joseph E Cohen  
105 West Madison Suite 1100  
Chicago, IL 60602

Please take notice that on June 24, 2015 at 10:00 A.M. I shall bring the above motion on for hearing before Judge Bruce Black, Courtroom 719, United States Courthouse, 219 South Dearborn Street, Chicago, Illinois 60604.

/s/ David R. Herzog  
David R. Herzog  
Attorney for Daniel W. Lyons personal  
representative for Frank Lyons

**CERTIFICATION**

I, David R. Herzog, Attorney for Daniel W. Lyons personal representative for Frank Lyons, claimant, certify that the statements in the foregoing motion are true and correct.

I further certify that the motion and notice of hearing were served on the person to whom notice is given by depositing copies in envelopes address to them with proper postage in the United States mail on June 9, 2015.

/s/ David R. Herzog  
David R. Herzog  
Attorney for Daniel W. Lyons  
personal representative for Frank Lyons

**UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois  
Eastern Division**

In Re:	)	
	)	
Lake States Commodities, Inc	)	Bankruptcy Case No. 94-12123
	)	Leading Case No.
	)	
	)	
Debtor	)	

**Motion to Withdraw Money  
Under 28 U.S.C. § 2042**

Daniel W. Lyons personal representative for Frank Lyons, (the “claimant”), by and through its attorney David R. Herzog of Herzog & Schwartz, PC, moves this Court to order the withdrawal of moneys on deposit for the estate in the name of Frank & Virginia D. Lyons, creditor, and the payment of these moneys to claimant and in support of this motion states:

1. The trustee of this estate deposited the sum of \$12,505.56 belonging to the creditor with the Clerk of Court.
2. *(Please cross out the subparagraph that does not apply)* certify that the
  - A. The claimant is the creditor in whose behalf these moneys were deposited and is entitled to the money deposited.
  - B. ~~The claimant is not the creditor but is entitled to payment of these moneys because~~ *(please state the basis for your claim to the moneys)*

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*(Please attach a copy of any supporting document).*

3. The creditor did not receive the initial dividend check in the above case for the following reason:

Dividends were not collected by the creditor, Frank & Virginia D. Lyons. Virginia D. Lyons died on April 18, 2010 (Exhibit A). At the time of her death, Ms. Lyons was married to Frank Lyons and did not have a Last Will and Testament (Exhibit A and B). Daniel W. Lyons has power of attorney for Frank Lyons (Exhibit C).

4. The creditor's current mailing address and phone number is:

Daniel W. Lyons, personal representative for Frank Lyons  
1530 E. Cedar Creek Rd  
Grafton, WI 53024-9653  
(262) 416-6812

5. Dilks & Knopik, LLC, whose tax identification number is 74-3049851, is the Attorney-in-fact for Daniel W. Lyons personal representative for Frank Lyons, as evidenced by the attached Power of Attorney.

Dated: June 1, 2015

/s/ David R. Herzog.  
David R. Herzog, Attorney at Law  
Herzog & Schwartz, PC  
77 W. Washington St., Ste 1717  
Chicago, IL 60602  
(312) 977-1600

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(i) If claimant is heir of deceased creditor, attach copies of death certificate and heirship order of court.  
(ii) If claimant is assignee of creditor, attach copy of assignment.  
(iii) If claimant is corporate successor of creditor, attach copies of all documents demonstrating such status.  
(iv) If claimant is an agent of creditor for purposes of filing this application, attach a copy of the agency agreement  
(v) Attach other documents showing entitlement should none of the foregoing apply.

Document Page 4 of 15  
 UNITED STATES BANKRUPTCY COURT  
 NORTHERN DISTRICT OF ILLINOIS  
 \_\_\_\_\_ Division

RE: Lake States Commodities, Inc

Case: 94-12123

Debtor(s)

**AUTHORITY TO ACT**  
**Limited Power of Attorney**  
**LIMITED TO ONE TRANSACTION**

**USED ONLY TO COLLECT FUNDS FROM THE ABOVE REFERENCED CASE**

1. **Daniel W. Lyons personal representative for Frank Lyons** ("CLIENT"), appoints **Dilks & Knopik, LLC** ("D&K"), as its lawful attorney in fact for the limited purpose of recovering, receiving and obtaining information pertaining to the outstanding tender of funds in the amount of **\$12,505.56** (the "FUNDS"), including the right to collect on CLIENT's behalf any such funds that are held by a governmental agency or authority.
2. CLIENT grants to D&K the authority to do all things legally permissible and reasonably necessary to recover or obtain the FUNDS held by the governmental agency or authority. This limited authority includes the right to receive all communications from the governmental agency or authority and to deposit checks payable to CLIENT for distribution of the FUNDS to CLIENT, less the fee payable to D&K pursuant to and in accordance with its agreement with CLIENT.
3. D&K may not make any expenditure or incur any costs or fees on behalf of CLIENT without CLIENT's prior written consent.
4. This Authority to Act shall become effective on the below signed date and shall expire upon collection of the aforementioned FUNDS. I authorize the use of a photocopy of this Limited Power of Attorney in lieu of the original.

X

*Daniel W. Lyons*  
 Daniel W. Lyons

Date

*May 21*, 20*15*

Tax ID: XXX-XX-3384

**ACKNOWLEDGMENT**

STATE OF *Wisconsin*COUNTY OF *OZAUKEE*

On this *21* day of *MAY*, *2015*, before me, the undersigned Notary Public in and for the said County and State, personally appeared Daniel W. Lyons known to me to be the person described in and who executed the foregoing instrument, and who acknowledged to me that he did so freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal

NOTARY PUBLIC

*Pamela Zak*

Residing at

*1104 W 6850 Thornapple Rd, Germantown WI 53022*

My Commission expires

*10-18-15*

PAMELA ZAK  
 NOTARY PUBLIC  
 STATE OF WISCONSIN

**WISCONSIN** DRIVER LICENSE REGULAR USA WI



4d DL **[REDACTED]**  
1 **LYONS**  
2 **DANIEL W**  
3 **1530 E CEDAR CREEK RD**  
4 **GRAFTON, WI 53024**

3 DOB **[REDACTED] 1949** 4b EXP **[REDACTED] /2020**  
15 SEX **M** 4a ISS **07/03/2012**  
16 HGT **5'-09"** 18 EYES **HAZ**  
17 WGT **178 lb** 19 HAIR **GRY**

9 CLASS **D**  
9a END **NONE**

5 DD **[REDACTED]**

*Daniel Lyons*



1218511528921708001

\$34.00  
11528-921-708  
SK01


**[REDACTED] 1949**

[www.wisconsinDMV.gov](http://www.wisconsinDMV.gov)  
CLASS: D-Non-Commercial Vehicles

Anatomical Gift Statement - Print Below, Use Permanent Ink.  
☐ All organs, tissues or eyes. ☐ I refuse to make an anatomical gift.

Except: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*WI\*



F-45040 (Rev. 07/08)  
Read Instructions (DPH 5040A) before completing this form.

50

STATE OF WISCONSIN  
DEPARTMENT OF HEALTH SERVICES  
ORIGINAL CERTIFICATE OF DEATH  
PART 1 FACT OF DEATH

STATE FILE DATE

1. DECEDENT'S NAME First Middle LAST  
Virginia Doolan LYONS

2. SEX  
☐ M ☒ F

3. DECEDENT'S SOCIAL SECURITY NO.  
XXX-XX-3514

4a. DATE PRONOUNCED DEAD (Month, Day, Year)  
April 18, 2010

4b. HOUR PRONOUNCED DEAD (24 hour time preferred)  
10:30a M

5. BODY FOUND (24 or more hours after death)  
☐ Yes ☒ No

6a. AGE (Years-birth to date pronounced)  
85

6b. Under 1 Year Months Days  
6c. Under 1 Day Hours Minutes

7. DATE OF BIRTH (Month, Day, Year)  
June 1, 1924

8a. COUNTY OF DEATH  
Ozaukee

8b. DEATH OCCURRED Inside City, Village or Township of  
Mequon

8c. CHECK ONE  
☒ City ☐ Village ☐ Township

9. DEATH AT HOSPITAL  
1. ☐ Inpat. 3. ☐ DOA From N.H. 5. ☐ DOA From Other  
2. ☐ Outpat. 4. ☐ ER From N.H. 6. ☐ ER From Other

10. OTHER PLACE  
☐ N.H. ☐ Res. of Decedent ☒ CBRF  
☐ Other ☐ Facility-Based Hospice

11a. HOSPITAL/NURSING HOME NAME (and Campus) or ADDRESS  
New Castle Place-12600 N. Port Washington Rd.

11b. N.H. LIC. NO.

12. MARITAL STATUS  
☒ Married ☐ Never Married ☐ Divorced/Annul ☐ Widowed

13a. RESIDENCE PLACE Inside City, Village or Township of  
Mequon

13b. RESIDENCE STATE (Country, if not in U.S.)  
Wisconsin

13c. RESIDENCE COUNTY  
Ozaukee

13d. CHECK ONE  
☒ City ☐ Village ☐ Township

14a. NUMBER AND STREET  
12600 N. Port Washington Rd.

14b. ZIP CODE  
53092

15. STATE OF BIRTH (Country, if not in U.S.)  
Wisconsin

16. FATHER'S NAME First Middle Birth Last Name  
Thomas E. Doolan

17. MOTHER'S NAME First Middle Birth Last Name  
Margaret Roechel

18. SURVIVING SPOUSE First Middle Birth Last Name  
Franklin E. Lyons

19a. INFORMANT'S NAME  
Laura Holtz

19b. INFORMANT'S MAILING ADDRESS (Number, Street, City, State, ZIP)  
3540 W. Bonniwell Rd. Mequon, WI 53097

20a. NAME AND ADDRESS OF FUNERAL FACILITY (List name and address of family member, if applicable)  
Schramka Densow Funeral Home  
423 N. Main St. Thiensville, WI 53092

20b. WI F.D. LIC. NO.  
5640

20c. SIGNATURE - FUNERAL SERVICE LICENSEE (Or person acting as such)  
Leelanon

20d. DATE SIGNED (Month, Day, Year)  
Apr. 21, 2010

21. MEDICAL CERTIFICATION (Check one) Items 21-28 and 38, 39, 50, 51 Items 40-46 Coroner/M.E. only  
☒ Certifying Physician: To the best of my knowledge, death was pronounced and occurred at the time and date(s) stated; the manner of death was Natural; and death was due to the causes stated.  
☐ Coroner/M.E.: On the basis of examination and/or investigation, in my opinion, death was pronounced and occurred at the time and date(s) stated and due to the causes and manner stated.

22. MANNER OF DEATH  
1. ☒ Natural 4. ☐ Homicide  
2. ☐ Accident 5. ☐ Undet.  
3. ☐ Suicide 6. ☐ Pending

23. MEDICAL CERTIFIER'S NAME AND TITLE  
JOHN J. YANG MD

24. MEDICAL CERTIFIER'S MAILING ADDRESS (Number, Street, City, State, ZIP)  
6425 W MEQUON RD, MEQUON WI 53092

25. ACTUAL OR ESTIMATED DATE OF DEATH (If different from date in 4a) ☒ Same as 4a

26. WI. PHYSICIAN LICENSE NO. (Or CME Code)  
37090

27. SIGNATURE - MEDICAL CERTIFIER (Use black ink only on all portions of the death certificate.)  
John J. Yang MD

28. DATE SIGNED BY MEDICAL CERTIFIER (Month, Day, Year)  
April 21, 2010

29. SIGNATURE - LOCAL REGISTRAR  
Ronald A. Voigt

30. DATE SIGNED BY LOCAL REGISTRAR (Month, Day, Year)  
APR 26 2010

PART 2 EXTENDED FACT OF DEATH [AVAILABLE ONLY TO THOSE WITH A DIRECT AND TANGIBLE INTEREST IN THIS RECORD OR FOR A STATE-APPROVED RESEARCH USE (PER S. 69.20)]

31. USUAL OCCUPATION (Do not enter "Retired")  
Legal Secretary/Vice President

32. KIND OF BUSINESS/INDUSTRY  
Safety Supply Co.

33. DECEDENT EVER IN THE ARMED FORCES (Active Duty or Reserve)  
☐ Yes ☒ No ☐ Unk

34. DECEDENT WAS TRIBAL MEMBER (Not Required) If "Yes," item 48 should include American Indian. Check "Unk." if the decedent was American Indian but member status is unknown.  
☒ No ☐ Unk ☐ Yes Tribe.

35. METHOD OF DISPOSITION  
☐ Entomb ☐ Burial ☒ Cremation ☐ Donation

36. PLACE OF DISPOSITION  
Cremation Association of WI

37. LOCATION OF CEMETERY OR CREMATORY (City, Village, Township, State) (Or Country, if not in U.S.)  
West Allis, WI

38. PART I Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock or heart failure. List only one cause of death on each line. Do not list old age or senility as sole cause.  
IMMEDIATE CAUSE (Final disease or condition resulting in death)  
(a) Pneumonia  
(Due to or as a consequence of)  
(b) \_\_\_\_\_  
(Due to or as a consequence of)  
(c) \_\_\_\_\_  
(Due to or as a consequence of)  
(d) \_\_\_\_\_  
Sequentially list conditions, if any, leading to immediate cause. ENTER UNDERLYING CAUSE LAST. (disease or injury that initiated events leading to death).

Interval Between Onset and Death  
11 days

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I  
Myasthenia Gravis

39. AUTOPSY PERFORMED  
☐ Yes ☒ No

40. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED.

41. DATE OF INJURY (Month, Day, Yr.)  
M

42. HOUR OF INJURY

43. PLACE OF INJURY (Specify Home, Street, Farm, etc.)

44. INJURY AT WORK  
☐ Yes ☐ No

45. LOCATION OF INJURY (Street or RFD, City, Village, and State)

46. COUNTY OF INJURY (State or Country, if not in Wis.)

WARNING: IT IS A FELONY TO COPY OR REPRODUCE THIS CERTIFICATE - STATE STATUTE 69.24(1)

Exhibit A



Ronald A. Voigt  
RONALD A. VOIGT  
OZAUKEE COUNTY REGISTER OF DEEDS

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

9067231 Date Issued: APR 26 2010



Document Page 7 of 15  
**UNITED STATES BANKRUPTCY COURT**  
**Northern District of Illinois**

RE: Lake States Commodities, Inc

Case: 94-12123

**AFFIDAVIT OF HEIRSHIP**

Debtor(s)

I, Daniel W. Lyons, personal representative for Frank Lyons under the penalty of perjury under the laws of the United States of America declare and being duly sworn on oath states:

- 1) I am the personal representative to Frank Lyons, heir to the Estate of Virginia D. Lyons, and I am of legal age and a resident of Grafton, WI.
- 2) Virginia D. Lyons passed away on April 18, 2010 as a resident of Mequon WI at the age of 85.
- 3) Virginia D. Lyons did not have a Last Will & Testament at the time of her death.
- 4) Virginia D. Lyons was married at the time of her death.
- 5) Five (5) children were born to and none adopted by the decedent, namely:
  - i. Daniel W. Lyons, who is living, is of legal age, under no disability.
  - ii. Laura J. Lyons Holtz, who is living, is of legal age, under no disability.
  - iii. Thomas P. Lyons, who is living, is of legal age, under no disability.
  - iv. Lynn V. Lyons Vandenberg, is of legal age, under no disability.
  - v. T. Michael Lyons, is of legal age, under no disability.
- 6) The heir to the Estate of Virginia D. Lyons is Frank Lyons.
- 7) As the personal representative for Frank Lyons surviving/heir and heir to the Estate of Virginia D. Lyons, I am requesting the release of the funds.
- 8) I have appointed Dilks & Knopik, LLC, as my lawful Attorney-in-Fact, who is duly authorized by the attached original Power of Attorney to file this Application for Payment of Unclaimed Funds.

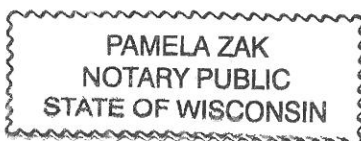
Dated: May 21, 2015 By: *Daniel W. Lyons*  
 Daniel W. Lyons

STATE OF WISCONSIN, COUNTY OF OSHAUKO

On MAY 21, 2015 before me, personally appeared Daniel W. Lyons personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.

*Pamela Zak*  
 Notary Public

(SEAL)

My commission expires on 10-18-15**Exhibit B**



## GENERAL DURABLE POWER OF ATTORNEY

I, FRANKLIN E. LYONS, of Ozaukee County, Wisconsin, appoint my wife, Virginia D. Lyons, and my children, Daniel W. Lyons and Laura L. Holtz, as my attorneys-in-fact ("agent"). Any one of my agents may act individually on my behalf. My agent may perform for me and in my name and on my behalf any act in the management, supervision, and care of my estate and affairs that I personally have authority to perform. My agent may exercise for me and in my name and on my behalf the powers enumerated below, which are intended to illustrate, and not to limit, the scope of this power.

### I. RIGHTS UNDER MARITAL PROPERTY ACT, INCLUDING RIGHT OF MANAGEMENT AND CONTROL

My agent may exercise any management and control over marital property or other property, as well as any other right I retain under the Wisconsin Marital Property Act

### II. SECURITIES

My agent may buy, sell, pledge, exchange, assign, option, or otherwise transfer any securities of any kind (including without limitation flower bonds); deal with any broker, banker, or other agent; receive all dividends and interest payments now or hereafter due or payable to me from any security or other indebtedness or investment; vote stock and otherwise represent me at all meetings of shareholders or companies or corporations in which I have an interest; sign proxies or other instruments; tender my resignation as director or officer; and subscribe to shares of stock.

### III. ACCOUNTS

My agent may open, continue, maintain, change, or close any account, including without limitation any checking or savings account, certificate of deposit, share account, and other like arrangement with any bank, trust company, savings bank, building and loan association, savings and loan association, credit union, or other financial institution; make deposits and withdrawals by check, draft, or otherwise; and endorse checks, notes, and drafts for deposit, collection, or otherwise.

### IV. DEFERRED COMPENSATION PLANS

My agent shall have the power to take any action or make any decision on my behalf with respect to any IRA, 401(K), 403(B), pension, profit sharing or other plan of deferred compensation, whether qualified or non-qualified, that I could have taken or made on my own behalf, with the sole exception that my agent shall have no power to change the beneficiary designation under any such plan. Except for the restriction on changing any beneficiary designation, this power shall include, but not be limited to, the power to do any of the following with respect to any plan interest or account in my name: make investment decisions or change investments; make decisions regarding withdrawal or payment options; change the



amount or timing of any existing withdrawal or payment arrangement; close any account or terminate any plan; open new plans or accounts to receive rollovers from existing plans or accounts; make additional contributions to any plan; arrange for the rollover of any account or plan interest to another account or plan; receive periodic statements and other information; and, make decisions with respect to the withholding of taxes on plan payments or withdrawals. If my agent creates a new plan or account in my name to receive funds from an existing plan or account, my agent shall have the power to execute a beneficiary designation for such plan or account provided the designation is identical to the designation under the plan or account from which the funds were transferred.

#### **V. OTHER PROPERTY, INCLUDING REAL ESTATE**

My agent may sell, exchange, option, and convey my real and personal property, wherever located; execute and deliver deeds of general warranty, with the customary covenants for such property; manage and control my real and personal property, wherever located; negotiate, execute, and deliver any leases of my property; demand and collect rents; buy every kind of property, real or personal; arrange for appropriate disposition, use, insurance, and safekeeping of all my property; and settle, compromise, and adjust insurance claims.

#### **VI. COLLECTION AND LITIGATION**

My agent may demand and collect all property, real or personal, now or hereafter due, payable, or belonging to me; contest, compromise, settle, or abandon claims in my favor or against me; give receipts, releases, and discharges; commence, pursue, or oppose any action, suit, or legal proceeding relating to any matter in which I am or may hereafter be interested; and compromise, settle, or submit to judgment any such action or proceeding.

#### **VII. TAXES**

My agent may represent me before any office of the Internal Revenue Service or the Treasury Department of the United States and before the tax department of any state, county, or municipality with regard to any tax with which I am concerned. In particular without limitation, my agent may represent me in connection with any federal income tax return, Form 1040, for all tax years between 1950 and 2050, inclusive; any federal gift tax return, Form 709, for all tax years between 1950 and 2050, inclusive; any Wisconsin income tax return, Form 1, for all tax years between 1950 and 2050, inclusive; and any Wisconsin gift tax return, Forms 6 and 7, for all tax years between 1950 and 2050, inclusive. My agent may perform all acts that I can perform with respect to any tax matters without limitation. My agent may prepare, sign, and file any tax return; receive originals of all notices and other written communications; negotiate and make compromises; file claims; receive, endorse, and collect checks; receive and examine confidential information; and take appeals, file protests, and execute waivers and closing agreements. My agent may consent on my behalf to have any gift made by my spouse considered as made by each of us under section 2513 of the Internal Revenue Code.

**VIII. SAFE-DEPOSIT BOX**

My agent shall have access to any safe-deposit box of mine (whether the box is held in my name alone or jointly with another or others) wherever located, and may remove the contents and surrender the box on my behalf. Any institution in which a safe-deposit box of mine is located is not liable to me or my heirs or estate for permitting my agent to exercise this power.

**IX. INSURANCE AND ANNUITIES**

My agent may purchase and pay for insurance insuring my health, life, and property, including without limitation health, life, accident, disability, property, casualty, and liability insurance; make necessary claims; settle, compromise, and adjust claims; surrender and cancel insurance policies; invest in, exchange, rollover, or liquidate annuity policies; and, annuitize and otherwise manage such policies or payments from said policies.

**X. HEALTH INSURANCE**

My agent may execute all necessary instruments for health insurance, including but not limited to, any instruments requested by Medicare, Medicaid, or a private insurer, for the purpose of submitting claims and collecting reimbursements, initiating, canceling, or renewing coverage and paying of premiums, and for any other purpose my agent believes necessary.

**XI. GOVERNMENT BENEFITS**

My agent may make applications for any state or federal benefits, including Title XIX benefits, on my behalf and may give any information to the appropriate agencies relating thereto, and may sign any and all documents, papers, and instruments on my behalf necessary to make and process said applications.

**XII. SOCIAL SECURITY**

My agent may represent and act for me before the Social Security Administration of the United States, and any similar agency of a state or local government; collect all Social Security benefits due me; and make such arrangements in connection with Social Security benefits including without limitation Medicaid and Medicare as will facilitate their application to my care and support.

**XIII. EMPLOYMENT OF AGENTS**

My agent may employ and dismiss agents, attorneys, investment advisors, accountants, housekeepers, and other persons, and terminate any agency that I may have created at any time.

#### **XIV. FUNDING OF TRUST**

Within my agent's sole discretion, my agent may transfer any or all of my assets, real or personal, and of any kind or description to any existing revocable living trust created by me (alone or with any other person) during my lifetime. Any transfer agent, bank, or other person or institution may rely on a certificate by, or instructions from, my agent that my agent has exercised this authority under this Power of Attorney, and upon receipt of such certificate or instructions, may transfer assets to such trust, without liability.

#### **XV. DISCLAIMER**

My agent may, in accordance with Section 854.13 of the Wis. Stats., as it may be amended from time to time, disclaim, in whole or in part, any property, benefit, right, privilege or power granted to me by gift, will, trust, intestacy or appointment (including any fiduciary power) by delivery of an instrument of disclaimer pursuant to said statute.

#### **XVI. MEDICAL RECORDS DISCLOSURE**

My agent may obtain copies of any and all of my health care records and information from any physician, surgeon, hospital, nursing home, or other health care provider, including but not limited to, any health care records regarding my diagnosis and treatment.

#### **XVII. TO DECLARE RESIDENCE AND INTENT TO RETURN HOME**

My agent shall have the authority to declare or to change my State or County of residence or domicile, and to declare my intention to return to my home at some time in the future without regard to whether my intent is deemed reasonable under any standard applied.

#### **XVIII. COMPENSATION**

My agent shall be reimbursed for all reasonable costs and expenses actually incurred and paid under this power, but my agent is not entitled to compensation for services rendered under it.

#### **XIX. LIMITATIONS**

My agent shall not exercise this power in favor of my agent, my agent's estate, my agent's creditors, or the creditors of my agent's estate. My agent shall have no power to change any beneficiary designation including but not limited to any beneficiary designation for any life insurance policy, qualified plan, or IRA, and my agent shall have no power to amend, alter, or revoke any trust of which I am a grantor. Nothing in this instrument shall be construed to delegate any right or power that I may hold in a fiduciary capacity.

#### **XX. EFFECTIVE DATE**

This durable power of attorney becomes effective when signed by the principal.

**XXI. PHOTOCOPIES**

Photocopies of this power of attorney shall have the same effect as an original.

**XXII. SEVERABILITY**

The invalidity of a provision of this power of attorney shall not affect another provision.

THIS IS A DURABLE POWER OF ATTORNEY UNDER SECTION 243.07 OF THE WISCONSIN STATUTES, AS AMENDED, AND SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY, INCAPACITY, OR INCOMPETENCY.

No effect is to be given to article headings.

The following information is current:

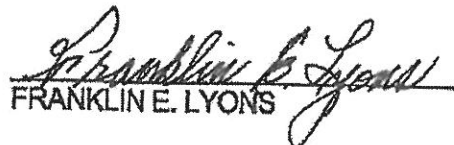
PRINCIPAL  
Franklin E. Lyons  
Address: 205 Green Bay Rd., Apt. 216  
Thiensville, WI 53092  
Phone: (262) 242-2646

AGENTS  
Virginia D. Lyons  
205 Green Bay Rd., Apt. 216  
Thiensville, WI 53092  
(262) 242-2646

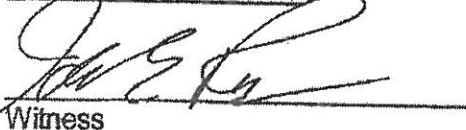
Daniel W. Lyons  
1530 E. Cedar Creek Road  
Grafton, WI 53024  
(262) 377-9333

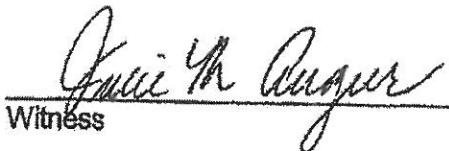
Laura L. Holtz  
3540 W. Bonniwell Road  
Mequon, WI 53097  
(262) 242-9744

Dated this 11th day of March, 2008.

  
FRANKLIN E. LYONS

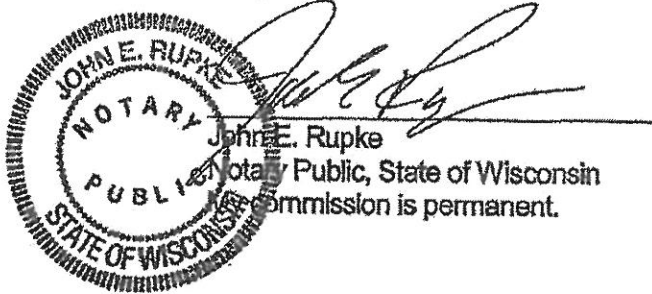
IN THE PRESENCE OF:

  
Witness

  
Witness

STATE OF WISCONSIN )  
(§  
COUNTY OF WAUKESHA )

Personally came before me, this 11th day of March, 2008, the above-named Franklin E. Lyons, to me known to be the person who executed the foregoing instrument and acknowledged the same.



This Instrument Was Drafted By:

John E. Rupke  
SCHMIDT, RUPKE, TESS-MATTNER & FOX, S.C.  
17100 W. North Avenue  
Brookfield, WI 53005-4436  
(262) 814-0080

UNOFFICIAL COPY

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STATE BAR OF WISCONSIN FORM 7 - 2003  
TRUSTEE'S DEED

Document Number

FRANKLIN E. LYONS AND VIRGINIA D. LYONS, AS CO-TRUSTEES OF BOTH THE FRANKLIN E. LYONS REVOCABLE LIVING TRUST, UNDER DECLARATION OF TRUST, DATED APRIL 22, 2002, AS TO AN UNDIVIDED 1/2 INTEREST AND THE VIRGINIA D. LYONS REVOCABLE LIVING TRUST, UNDER DECLARATION OF TRUST, DATED APRIL 22, 2002, AS TO AN UNDIVIDED 1/2 INTEREST for a valuable consideration conveys without warranty to MONICA S. STILLWELL, A SINGLE PERSON

Grantee, the following described real estate, together with the rents, profits, fixtures and other appurtenant interests, in MILWAUKEE County, State of Wisconsin:

Grantee, by acceptance of this Deed, agrees and binds Grantee and all his/her heirs, representatives, successors and assigns to all the terms, provisions and conditions of the Condominium documents and all amendments thereto. This deed grants membership in the Bayside Woods Condominium Homeowner's Association to the Grantee.



DOC. # 08989530

REGISTER'S OFFICE | SS  
Milwaukee County, WI

RECORDED 04/11/2005 08:25AM

JOHN LA FAVE  
REGISTER OF DEEDS

AMOUNT: 13.00

Recording Area

Name and Return Address

MONICA S. STILLWELL Court  
9158 NORTH BRIARWOOD CIRCLE Unit 5  
BAYSIDE, WI 53217-1606

PIN # 023-0030

SEE EXHIBIT A ATTACHED HERETO

TRANSFER  
\$ 795.00  
FEEDated this 5<sup>th</sup> day of MARCH, 2005.

*Franklin E. Lyons* (SEAL)  
By: FRANKLIN E. LYONS, Co-Trustee

*Virginia D. Lyons* (SEAL)  
By: VIRGINIA D LYONS, Co-Trustee

## AUTHENTICATION

Signature(s) \_\_\_\_\_  
authenticated this \_\_\_\_\_ day of \_\_\_\_\_,

\*  
TITLE: MEMBER STATE BAR OF WISCONSIN  
(If not, \_\_\_\_\_  
authorized by §706.06, Wis. Stats.)

THIS INSTRUMENT WAS DRAFTED BY  
JEFFREY P. PATTERSON

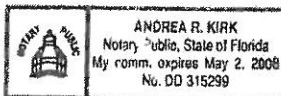
STATE BAR OF WISCONSIN NO. 1005690  
(Signatures may be authenticated or acknowledged. Both are not necessary.) 740508298

## ACKNOWLEDGEMENT

State of Florida, }  
*Duke Beach* County. } SS.

Personally came before me this 5 day of MARCH, 2005, the above named FRANKLIN E. LYONS CO-TRUSTEE AND VIRGINIA D LYONS, CO-TRUSTEE to me known to be the person(s) who executed the foregoing instrument and acknowledge the same.

*Andrea R. Kirk*  
Notary Public, State of Florida  
My commission is permanent. (If not, state expiration date: *May 2, 2008*.)



\* Names of persons signing in any capacity must be typed or printed below their signature.

TRDEED

Doc Yr: 2005 Doc#08989530 Page#1 of 2

Proof of Address  
Page 1 of 2

FILE NO. 740508298

**EXHIBIT A**

Unit 5, together with the undivided interest in the common elements appurtenant to said unit, in Bayside Woods Condominium, a condominium created and existing under the Unit ownership Act of the State of Wisconsin by Declaration recorded in the office of the Register of Deeds for Milwaukee County, Wisconsin on July 31, 1978 in Reel 1133, Images 899-924 inclusive, as Document No. 5237037, and by Stage Two Supplement and Amendment recorded December 27, 1978 in Reel 1172, Images 558 to 569 inclusive, as Document No. 5270438, and any further amendments, thereto. The post office address of said Unit is 9158 N Briarwood Court, Milwaukee, Wisconsin 53217.